

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> YES ON 22 - SAVE APP-BASED JOBS & SERVICES: A COALITION OF ON-DEMAND DRIVERS AND PLATFORMS, SMALL BUSINESSES, PUBLIC SAFETY AND COMMUNITY			<b>Date of This Filing</b> 10/09/2020	Date Stamp   Page 1 of 3	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER (415)389-6800	I.D. NUMBER (if applicable) 1422181	<b>Report No.</b> LCR #2047A			
STREET ADDRESS					
CITY SAN RAFAEL	STATE CA	ZIP CODE 94901	<b>Amendment to Report No.</b> 001 (explain below)		
			<b>No. of Pages</b> 3		

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/07/2020	DOORDASH, INC. San Francisco, CA 94103  Memo Reference: NON:S497:1219	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7,571.44
10/07/2020	DOORDASH, INC. San Francisco, CA 94103  Memo Reference: NON:S497:1220	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,815.46
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

### \*Contributor Codes

IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

Reason for Amendment:

AMEND TO REVISE AMOUNT OF NON-MONETARY CONTRIBUTION

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AREA CODE/PHONE NUMBER (415)389-6800	I.D. NUMBER (if applicable) 1422181	<b>Report No.</b> LCR #2047A			
STREET ADDRESS			<input checked="" type="checkbox"/> <b>Amendment to Report No.</b> 001 (explain below)		
CITY SAN RAFAEL	STATE CA	ZIP CODE 94901	<b>No. of Pages</b> 3		

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:

AMEND TO REVISE AMOUNT OF NON-MONETARY CONTRIBUTION

Memo Reference: NON:S497:1220  
NON-MONETARY CONTRIBUTION

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Memo Reference: NON:S497:1219  
NON-MONETARY CONTRIBUTION

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